

## Durham Research Online

---

### Deposited in DRO:

14 November 2014

### Version of attached file:

Published Version

### Peer-review status of attached file:

Peer-reviewed

### Citation for published item:

Damodaran, L and Reilly, J (2012) 'Who cares about healthcare transitions in prisoners with mental health problems?', British medical journal, 345 . e6760.

### Further information on publisher's website:

<http://dx.doi.org/10.1136/bmj.e6760>

### Publisher's copyright statement:

First published in the BMJ.

### Additional information:

---

### Use policy

The full-text may be used and/or reproduced, and given to third parties in any format or medium, without prior permission or charge, for personal research or study, educational, or not-for-profit purposes provided that:

- a full bibliographic reference is made to the original source
- a [link](#) is made to the metadata record in DRO
- the full-text is not changed in any way

The full-text must not be sold in any format or medium without the formal permission of the copyright holders.

Please consult the [full DRO policy](#) for further details.

---

# LETTERS

## PRISONS AND HEALTH

### Who cares about healthcare transitions in prisoners with mental health problems?

Laavanya Damodaran *registrar in psychiatry*<sup>1</sup>, Joe Reilly *professor of psychiatry, University of Durham*<sup>2</sup>

<sup>1</sup>Tees Esk and Wear Valley NHS Foundation Trust, Darlington, UK; <sup>2</sup>Wolfson Research Institute, Queen's Campus, Stockton TS17 6BH, UK

We welcome Ginn's inclusion of mental health as a key element in the challenges of prison healthcare.<sup>1</sup> Up to 90% of prisoners have a diagnosable mental illness, personality disorder, or substance misuse disorder,<sup>2</sup> and many will have been difficult to engage outside prison. Continuity of treatment from community to prison might be assumed to be a basic element of good prison mental healthcare.

However, this seems not to be the case. Two thirds of prisoners received into custody with current prescriptions of psychotropic drugs did not receive that treatment during the first month.<sup>3</sup> This puts those with established mental illness at risk of relapse and affects their progress during their sentence. Abrupt discontinuation with no clear rationale may be the norm rather than the exception, even for antipsychotics, with risk, mistrust, role conflict, and poor information sharing systems as underlying factors.<sup>4</sup> This complicates the process of continuing prescriptions for those who genuinely need psychotropic drugs. One of us (LD) has come across situations where offenders transferred between prisons have not been continued on their existing psychotropic drug prescribed in the previous institution.

We wonder whether this discontinuity at a crucial transition applies to long term physical conditions too. Transitions of care are known to be difficult, even when there is goodwill to manage them well, as in child to adult transitions in mental health. More effort should be brought to bear on transitions for one of our most disadvantaged groups—prisoners with severe mental health problems.

Competing interests: None declared.

- 1 Ginn S. Prison environment and health. *BMJ* 2012;345:e5921. (17 September.)
- 2 Singleton N, Meltzer H, Gatward R. Psychiatric morbidity among prisoners in England and Wales. Stationery Office, 1998.
- 3 Shaw J, Senior J, Hayes A, Davies L, Appleby L, Rogers A, et al. Evaluation of the care of at risk prisoners project. University of Manchester, 2006.
- 4 Hassan L, Senior J, Edge D, Shaw J. Continuity of supply of psychiatric medicines for newly received prisoners. *The Psychiatrist* 2011;35:244-5.

Cite this as: *BMJ* 2012;345:e6760

© BMJ Publishing Group Ltd 2012